

BUILDING PERMIT APPLICATION

☐ RESIDENTIAL☐ COMMERCIAL

Date:

| | | | | | |
|---|---------|--|---|--------------------|--------------------|
| Permit No.: | | Receipt No.: | | Check No.: | |
| Job Location Address: | | | | | |
| Owner's Name: | | | | | |
| Address: | | | | | |
| Town: | | | State: | | Zip: |
| Phone: | | Work Phone: | | Fax: | |
| Contractor: | | | License No.: | | |
| Address: | | | | | |
| Town: | | | State: | | Zip: |
| Phone: | | Work Phone: | | Fax: | |
| Plumber: | | | License No.: | | |
| Architect: | | | License No.: | | |
| Engineer: | | | License No.: | | |
| Is this a change of use? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Constr.: | Use Group: |
| Building Sprinkler: <input type="checkbox"/> Separated <input type="checkbox"/> Non-Separated <input type="checkbox"/> Mixed Use <input type="checkbox"/> Fire Alarm System | | | | | |
| Describe the work to be performed: | | | | | |
| Construct: <input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Addition <input type="checkbox"/> Re-Roof | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <input type="checkbox"/> Well <input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Water | | | | | |
| THE FOLLOWING SQUARE FOOTAGE INFORMATION SHALL BE FILL OUT ACCURATELY | | | | | |
| No. of rooms: | | No. of Baths: | | No. of Half Baths: | |
| No. of Bedrooms: | | No. of Stories: | | No. of Units: | |
| Type of heating system: | | | Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Water source: <input type="checkbox"/> Well <input type="checkbox"/> Municipal | | | Sewage Disp. Type: <input type="checkbox"/> Septic <input type="checkbox"/> Municipal | | |
| No. of Elevators: | | No. of Garage Bays: | | Sq. Ft. | No. of Fireplaces: |
| Finished Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Sq. Ft. | Deck Size: | | Sq. Ft. |
| Building Width: | | Building Length: | | Building Height: | |
| First Floor: | Sq. Ft. | Other: | Sq. Ft. | Other: | Sq. Ft. |
| Second Floor: | Sq. Ft. | Other: | Sq. Ft. | Other: | Sq. Ft. |
| Third Floor: | Sq. Ft. | Other: | Sq. Ft. | Other: | Sq. Ft. |
| Est. Cost less mechanicals: | | | Est. Electrical Cost: | | |
| Est. HVAC Cost: | | | Est. Plumbing Cost: | | |
| PLEASE COMPLETE AND SIGN THE BACK OF THE FORM | | | | | |

I certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Owners Name (print): _____

Owners Signature: _____

Date: _____

Authorized Agent (print): _____

Authorized Agent Signature: _____

Required before a permit is issued:

☐ Copy of License

☐ Workman's Compensation

☐ Zoning (where required)

☐ Mechanical cards (where required)

| |
|-------------------------------------|
| BUILDING DEPARTMENT USE ONLY |
|-------------------------------------|

Permit #

Date

Date: _____

Electric: _____

Estimated Cost: \$ _____

Plumbing: _____

State Education Fee: \$ _____

Occupancy: _____

Permit Fee: \$ _____

CZC: _____

Inspection Fee: \$ _____

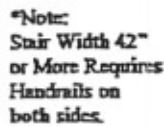
Plan Review \$ _____

Cert. of Occupancy: \$ _____

Total: \$ _____

Building Department Approval: _____

One and Two Family Dwellings



Name: _____

Property Location: _____

1. Roofing Material

2. Roof Underlayment

3. Roof Sheathing

4. Drip Edge

6. Facia

7. Gutter

8. Roof Rafters

9. Soffit

12. Exterior Wall Sheathing

14. Wall Studs

17. Floor Joists and Insulation

18. Bottom Plate

19. Anchor Bolts

20. Foundation Wall

21. Dampproofing - Waterproofing

22. Footing Size

23. Footing Drain

12"

Ceiling Joists (5)

Ceiling Insulation (10)

Interior Sheathing (11)

Insulation (13)

Finished Floor (15)

Sub Floor (16)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

22.

23.

24.

25.

Basement Floor (24)

Base Course (25)



BOROUGH OF NAUGATUCK

OFFICE OF THE BUILDING INSPECTOR

DEPARTMENTAL APPROVAL SIGN-OFF SHEET

Name of Applicant: _____ Date: _____

Mailing Address: _____

Owner: _____

Property Location: _____

Inland Wetlands:

Signature: _____ Date: _____

Remarks: _____

Planning:

Signature: _____ Date: _____

Remarks: _____

Zoning:

Signature: _____ Date: _____

Remarks: _____

Health Department:

Signature: _____ Date: _____

Remarks: _____

WPCA:

Signature: _____ Date: _____

Remarks: _____

Fire Marshal:

Signature: _____ Date: _____

Remarks: _____

Engineering:

Signature: _____ Date: _____

Remarks: _____

Tax Collector:

Signature: _____ Date: _____

Remarks: _____

Applicant's Signature: _____